

SALEM COUNTY OFFICE FOR THE DISABLED

98 Market Street • Salem, NJ 08079 • (856) 935-7510 Ext. 8316 • Fax (856) 935-2501

Authorization for the Release of Information (HIPAA)

Salem County Office for the Disabled

I hereby authorize the Salem County Office for the Disabled to release information concerning personal and/or medical history to any individual or agency where such is in the sole interest of the person being served as a result of their participation in the Special Needs Registry.

The Salem County Office for the Disabled generally will not share information that you have provided to them with others without your agreement. However, in some circumstances disclosure could be required by law or the Salem County Office for the Disabled could determine that disclosure would protect the health or well being of its clients, others, or the community, regardless of your preference.

Please initial below if you agree to release information to other disaster relief, voluntary, or non-profit organizations and/or governmental agencies providing disaster relief.

I agree to release my information to	o other disaster relief,
voluntary or non-profit organizatio	ns
(Initial Here)	
I agree to release my information to governmental agencies providing disaster relief (Initial Here)	
By signing here, I acknowledge that	at I have read the confidentiality statement and understand it.
Signature:	Date: